

## Editorial: dynamics of decision-making

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Recent events have brought home the unenviable job that politicians do. The Covid-19 pandemic has demonstrated a war like situation where life and death decisions are being made. Globally, the Covid-19 pandemic has adversely affected every policy at local, national and international level. Decision makers must decide what constitutes information, based on advice from their science advisors, and make decisions to deal with the pandemic while balancing the planned policy development as per the governments' manifestos. At least, it is hoped that such a process has been followed.

At face value, all decision makers had access to the same epidemiological data, yet, differentials have been observed in approaches in dealing with the pandemic, and social and health outcomes between countries.

This suggests a great deal of individual (politician/decision maker) specific bias in anti-pandemic policy development and implementation. In other words, decisions have been less evidence-based but more based on personal belief/opinions. The latter providing a fertile ground for conspiracy theory, misinformation and disinformation.

At the time of writing, according to [worldometers](#)<sup>1</sup> there has been over 424,573,144 Covid19 cases and 5,904,423 deaths worldwide due to Covid-19. It is therefore, plausible that most people would have either lost a loved one to Covid-19, or, know or have heard of someone who had contracted or died of Covid-19. Given the extent of Covid19's impact, political discourse and opinion-based policies may explain the rise of disinformation and conspiracy theories.

Quite apart from differentials in mortality and morbidity rates between countries, there have been adverse effects on the quality of life resulting from different pandemic policies observed across the globe. These include, mental illness, trauma, anxiety, and so on. Furthermore, various governments' anti-pandemic policies brought about, amongst other limitations, social isolation, loss of one's job and financial problems and bankruptcy. Moreover, it is plausible that the adverse emotional and spiritual impact from not being allowed to properly say goodbye or be with a dying loved one will have a lasting effect on mental wellbeing and quality of life.

Part of the problem with applying a personal opinion to make a policy is that it allows politicians to equate invested resources to desired outcomes (possibly through the intermediary process 'action'). This is a one-sided 'political' solution because it empowers politicians to concentrate public attention on the investment side of the equation without taking responsibility for their decisions and poor policies. In other words, when governments are criticised for failing to achieve health and social and environmental outcomes they boast about the amount of resources (\$) they have allocated to the tackling the issues.

On social media, Jacinda Ardern the New Zealand Prime Minister tried to list her [government's achievements in two minutes](#)<sup>2</sup>. Interestingly, investing in the mental health service and suicide prevention came up well past the 2 minutes and was towards the bottom of her list. It all sounds impressive but set against targeted health and social outcomes the list of actions taken (\$ allocated) does not constitute achievements. For example, she mentioned legislating gun control but failed to say that crime [involving firearms are increasing](#)<sup>3</sup>. She mentioned pouring resources into the health services, including mental illness and suicide prevention and the creation of the suicide prevention office, but she failed to say that the expected outcomes have not been achieved and that the Director of the National Suicide Prevention Office had resigned after two years [admittedly without achieving much](#)<sup>4</sup>, a fact admitted by her [Minister for Health, Andrew Little](#)<sup>5</sup>:-

“So, what I’m saying is how can we possibly have pumped in billions of extra dollars, and it not appear to have made a difference?”

It is never understood why politicians will sacrifice the public, without justification and accountability, just to prove a policy which has been failing for decades does not work. Such behaviour is observable across all governments’ departments, from police policies on lowering the death toll to housing, health and social issues. Science can only provide some information about the dynamics of a problem, and it is often used to push a personal opinion {Short, 1997 #627}. In other words, a policy is operationalised and the evidence to support it is collected after its implementation!

One of the difficult issues in the political process is to include the uncertainty – health and social and environmental issues are processes, and, processes are by nature dynamic. This means that while they change continually policies fail to anticipate and keep up with the change.

In the current pandemic, uncertainty was never more observable from the outset. Most countries, including New Zealand, adopted a lockdown policy and closed off all borders and required citizens to keep in their own bubble and when outside to keep two meters apart. Clearly, this policy is not economically sustainable. Even when vaccines became available, it soon became clear that a single vaccination was not enough and a second one was necessary six weeks after the first one. In order to expedite achieving economic goals the New Zealand government reduced the time between the first and second vaccination to three weeks, and ran a huge double vaccination campaign so that restrictions could be lifted for summer activities.

However, it soon became clear that double vaccination was not enough to protect against the new variant and a third vaccination ‘booster’ was also necessary – some countries such as [Sweden](#)<sup>6</sup>, [South Korea](#)<sup>7</sup>, and [Israel](#)<sup>8</sup> have been offering a fourth ‘booster’. Ironically, new [studies](#)<sup>9</sup> (including from [Israel](#)<sup>10</sup>) suggest that a fourth vaccination is less effective, or could even be potentially harmful. Clearly, a [repeated vaccination strategy is neither sustainable](#)<sup>11</sup> nor a viable policy.

Notwithstanding the uncertainty, the New Zealand government, under Jacinda Ardern’s premiership has made what appears to be a deterministic approach to decision making. It has equated ‘action’ to achievement of desired outcomes, i.e. ignoring uncertainty and human behaviour.

Politics, by nature is short-sighted, mainly because most governments are usually elected every three to five years. Holisticity and long-termism are cheap words to be used at political campaigns. As a result, policies often result in ‘hit and run’ and/or ‘hit and miss’ leading to random outcomes at the best of times let alone during a pandemic.

As discussed [elsewhere](#)<sup>4</sup>, the government did not use everything at their [disposal](#)<sup>12</sup> and hesitated to take the first step with [social](#)<sup>13</sup> [consequences](#)<sup>14</sup> – it mulled over elimination or eradication, and achieved neither. So the government settled for co-existence through a policy of enforcing and finally mandating double vaccinations leading to job losses and further social, financial and mental anxiety. And the actions that followed including lockdowns, isolation, and the high risk of morbidity and mortality from Covid-19, led to a higher incidence and prevalence of anxiety, trauma and PTSD two years on. Higher rates of chronic physical and mental morbidity will be observed in the future.

Ironically, enforcing public compliance, e.g. through mandates to double vaccinate over 90% of the eligible population did not achieve its target nor expedite it. The non-vaccinated group is a small minority, but when combined with those who were coerced to vaccinate e.g. because of the fear of losing their job, or, losing their economic and social independence, it is no surprise that there is a great deal of resentment.

The point being made here, albeit through a critical view of New Zealand government’s pandemic strategies and decision making, is a tradition of equating ‘actions’ to desired outcomes. And when questioned and asked about the failure of policies, the response often is: ‘this government has invested billions in...’

Parallels can be drawn with decision making in other disciplines. In most cases, human behaviour which makes the process dynamic and adds uncertainty seems to be excluded. However, at face value, arrogance and incompetence can explain, at least in part, poor policy outcomes, as a baffled Minister for Health, Andrew Little confessed that billions of dollars appear not to have made a difference. This makes Jacinda Ardern’s list of ‘achievements’ unimpressive and pointless.

## Reference

Short, S. (1997). Elective Affinities: Research and Health Policy Development. In H. Gardner (Ed.), Health Policy in Australia. Melbourne: Oxford University Press.

### List of internet links

- 1- <https://www.worldometers.info/coronavirus/>
- 2- <https://www.facebook.com/NZLabourParty/videos/2-years-2-minutes/773964086448443/>
- 3- <https://www.rnz.co.nz/news/national/438377/rise-in-gun-crime-despite-government-clampdown-after-terror-attack>
- 4- [https://journalofhealth.co.nz/?page\\_id=2625](https://journalofhealth.co.nz/?page_id=2625)
- 5- <https://www.newsroom.co.nz/andrew-littles-hospital-pass>
- 6- <https://www.reuters.com/world/europe/sweden-recommends-fourth-covid-19-jab-elderly-2022-02-14/>

- 7- <https://www.reuters.com/world/asia-pacific/skorea-start-giving-fourth-doses-covid-vaccine-by-month-end-2022-02-14/>
- 8- [https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(22\)00010-8/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(22)00010-8/fulltext)
- 9- <https://www.healthline.com/health-news/why-a-4th-covid-19-shot-likely-wont-provide-more-protection>
- 10- <https://healthpolicy-watch.news/israel-fourth-covid-booster-ineffective/>
- 11- <https://www.theguardian.com/world/2022/jan/12/repeated-covid-boosters-not-viable-strategy-against-new-variants-who-experts-warn>
- 12- [http://journalofhealth.co.nz/?page\\_id=2299](http://journalofhealth.co.nz/?page_id=2299)
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